

**IAT Specialty**  
 c/o Metcom Excess  
 P.O Box 90  
 Ridgefield Park, NJ 07660

**X** Acceptance Indemnity Insurance Company  
 Acceptance Casualty Insurance Company  
 Occidental Fire & Casualty Insurance Company  
 Wilshire Insurance Company

## GARAGE APPLICATION

Please answer ALL questions in full.

**Incomplete and/or missing answers will cause delays in processing or may cause coverage to be declined.**

### POLICY PERIOD

1. Effective Date: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

### APPLICANT INFORMATION

2. Individual  Corporation  Partnership  Joint Venture  Other: \_\_\_\_\_
3. Named Insured: \_\_\_\_\_  
 (DBA) \_\_\_\_\_
4. Mailing Address: \_\_\_\_\_
5. Garaging Location #1: \_\_\_\_\_  
 Garaging Location #2: \_\_\_\_\_
6. Years In Business: \_\_\_\_\_ Years of experience in this field: \_\_\_\_\_
7. Inspection (Contact/Phone #): \_\_\_\_\_
8. **Web Site Address:** \_\_\_\_\_

### NATURE OF BUSINESS

9. a. Dealer ID #: \_\_\_\_\_ Non – Franchised: \_\_\_\_\_ Franchised with: \_\_\_\_\_  
 (  Retail  Wholesale  \*Auction  Consignment Sales)
- b. Estimate the number of vehicles sold the prior year: \_\_\_\_\_
- c. E-Bay Sales:  No  Yes Internet sales:  No  Yes Internet Advertising:  No  Yes
- d. Non-Dealer:  Repair/Service  \*Towing/Wrecker Operation  Other: \_\_\_\_\_
- e.  \*Salvage Operation/Auto Dismantling/Salvage Yard/Salvage Vehicles
- \*If yes to Auction, Towing Operation or Salvage Operation, you must complete their addendum.**

### 10. PERCENTAGE OF OPERATION

Please indicate all that applies and show percentage of operation of each:	Sales %	Repair %
ATVs/Motorcycles/Scooters/Snowmobiles		
Auto Parts: <input type="checkbox"/> New <input type="checkbox"/> Used		
Boats/Jet Skis or Other Watercrafts		
Buses		
Car Wash: <input type="checkbox"/> Attended <input type="checkbox"/> Unattended/Self Serve		
Emergency Vehicles: <input type="checkbox"/> Police <input type="checkbox"/> Fire <input type="checkbox"/> Ambulance		
Equipment (Farm &/or Contractors)		
Motor Homes/Recreational Vehicles/Campers		
Parking Facility: <input type="checkbox"/> Public <input type="checkbox"/> Valet		
Private Passenger (Including Pickups & Mini Vans/SUV's)		
Storage/Impound Lot		
Service Station: <input type="checkbox"/> Grocery Sales <input type="checkbox"/> Liquor Sales <input type="checkbox"/> Gas Sales		
Tires: <input type="checkbox"/> New <input type="checkbox"/> Used <input type="checkbox"/> Re-Caps/Re-Treads/Split Rim Work		
Trailers: <input type="checkbox"/> Semi Trailers <input type="checkbox"/> Utility Trailers <input type="checkbox"/> 5 <sup>th</sup> Wheels		
Trucks and/or Truck Tractors (Other than Pickups & Mini Vans/SUV's)		
Other: (Please specifically describe.) _____		

**ADDITIONAL UNDERWRITING INFORMATION:**

11. Are you engaged in any other operations?  No  Yes If yes, explain: \_\_\_\_\_
12. Do you loan, lease or rent vehicles to others?  No  Yes
13. Do you allow customers to test drive vehicles unaccompanied?  No  Yes
14. Do you own or sponsor a race car?  No  Yes
15. Do you install or repair trailer hitches?  No  Yes (Welded  or Bolted )
16. Do you perform any hydraulic work?  No  Yes
17. Do you modify, rebuild or perform conversions on vehicles?  No  Yes  
If yes, explain: \_\_\_\_\_
18. Do you perform any frame straightening?  No  Yes
19. Do you repossess autos?  No  Yes
20. Do you perform any work on airbags (including any deactivating) or breathalyzers?  No  Yes
21. Do you do any spray painting?  No  Yes If yes, is there an U/L approved booth?  No  Yes
22. Any animals kept on the premises?  No  Yes
23. What is your max radius for pickup & delivery? Miles: \_\_\_\_\_
24. How do you transport or drive away vehicles from the places where autos are purchased?  
 Employees  Contract Drivers  Other: \_\_\_\_\_
25. a. When are titles transferred? \_\_\_\_\_  
b. Do you require Personal Auto Insurance be in place prior to relinquishing a sold vehicle?  No  Yes
26. If you finance autos held for sale, do you:  
a. Hold the title for final payment?  No  Yes  
b. Finance for three months or less?  No  Yes  
c. Require a certificate of insurance from the buyer?  No  Yes
27. Describe Key Control: \_\_\_\_\_
28. Describe your theft protection: \_\_\_\_\_
29. Are signs posted to keep customers from work areas?  No  Yes
30. Are Firearms kept on the premises?  No  Yes
31. Describe Security: \_\_\_\_\_

**32. PRIOR CARRIER / LOSS INFORMATION**

- a. Prior Carriers for the last 3 years. If no prior insurance, state "NONE".

Policy Period	_____	_____	_____
Carrier	_____	_____	_____
Policy Premium	_____	_____	_____

<u>Date of Loss</u>	<u>Description of Loss</u>	<u>Amount Paid</u>	<u>Amount Reserved</u>
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____

- b. During the past 3 years, has any company ever cancelled, declined or refused to issue any similar insurance to the applicant?  No  Yes If yes, explain: \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

33. **OWNERS, EMPLOYEES AND DRIVERS INFORMATION-SECTION MUST 100% COMPLETE OR COVERAGE WILL NOT BE BOUND.**

LIST ALL OWNERS, EMPLOYEES, DRIVERS AND HOUSEHOLD MEMBERS OF DRIVING AGE.

NAME	Date of Hire	Driver's License No. & State	D.O.B.	Violations & Accidents Last 5 Years	Status	Hours Worked	Auto Use

- STATUS: Class I – Employees/Regular Operators  
 1. Active Owners, Partners & Officers  
 2. Inactive Owners, Partners & Officers  
 3. Salesperson  
 4. Managers

- Class I - All Other  
 5. Lot Person  
 6. Mechanic  
 7. Clerical  
 8. Contract Driver  
 9. Other: \_\_\_\_\_

- Class II – Non-Employees  
 10. Spouse of Owners, Partners & Officers  
 11. Children of Owners, Partners & Officers who are 14 years of age & older.  
 Licensed or not.  
 12. Other: \_\_\_\_\_

HOURS WORKED: F = Full Time (Over 20 hours per week)  
 P = Part Time (20 hours or less per week)  
 N = Non-Employee

- AUTO USE: A. Furnished a covered auto for business and personal use.  
 B. Uses a covered auto strictly for business use.  
 C. Does not drive a covered auto.

Number of Dealer Plate & Plate #'s Assigned By the State \_\_\_\_\_

34.		<b>COVERAGE REQUESTED</b>						
COVERAGE		LIMITS			DEDUCTIBLES			
Garage Liability		Auto	\$ _____	Each Accident				
		Other Than Auto	\$ _____	Each Accident		\$ _____ PD		
		Other Than Auto	\$ _____	Aggregate Limit		\$ _____ BI & PD		
Personal Injury Protection		Limit Per Statue			\$ _____			
Medical Payments ___ Automobile & Premises ___ Premises Only		Limit			\$ _____			
Uninsured Motorist Underinsured Motorist		Limit			\$ _____ \$ _____			
Garagekeepers ___ Legal ___ Direct Excess ___ Direct Primary		Limit Per Auto      Limit Per Location			\$ _____ \$ _____ \$ _____ \$ _____			
		Comprehensive	\$ _____	\$ _____				
		Specified Causes Of Loss	\$ _____	\$ _____				
		Collision	\$ _____	\$ _____				
Physical Damage ___ Dealer's Open Lot Building _____ Completely Fenced _____ Not Fenced _____  ___ Scheduled Vehicles (Describe below)		Limit Per Auto      Limit Per Location			\$ _____ \$ _____ \$ _____ \$ _____ \$ _____ \$ _____			
		Comprehensive	\$ _____	\$ _____				
		Fire & Theft	\$ _____	\$ _____				
		Specified Causes Of Loss	\$ _____	\$ _____				
		Collision	\$ _____	\$ _____				
		Number of Autos held for sales at anyone time:   ___ Max ___ Average						
		Value of anyone Auto held for sale: \$ _____ Max \$ _____ Average						
Any vehicles on consignment   ___ No   ___ Yes If yes, what percentage? _____%. Need copy of agreement.								
In-Tow		Limit Per Tow Truck   \$ _____			\$ _____			
<b>Service Vehicles including Tow Trucks, Car Haulers &amp; Wreckers or Specifically Described Autos:</b>								
Filings required:   ___ No   ___ Yes   If yes, list MC # &/or Certificate #: _____								
Year	Make	Body Type	Serial #	MGVW	Limit of Insurance			
Loss Payee: _____								
Additional Insured		Name: _____ Address: _____ Insurable Interest: _____						
Optional Coverage Not Listed: _____								

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals for the purpose of misleading information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

As part of our underwriting procedure, a routine inquiry may be made to obtain applicable information concerning character, general reputation, person characteristics and mode of living. Upon request, additional information as to the nature and scope of the report, if one is made, will be provided.

This application shall not be binding unless and until confirmation by the Company or its duly appointed representatives has been given, and that a policy shall be issued and a payment shall be made, and then only as of the commencement date of said policy and in accordance with all terms thereof. The said applicant hereby covenants and agrees that the foregoing statements and answers are a full and true statement of all the facts and circumstances with regard to the risk to be insured, and the same are hereby made the basis and conditions of the insurance and a warranty on the part of the insured.

(Print Applicant's Name)	(Applicant's Signature)	(Date)
	(Title)	

Agent:  
 Are you personally familiar with this Applicant's operation?     No     Yes  
 Did your office control this risk the past year?     No     Yes

(Agency Name)	(Agent's Signature)	(Date)
(Street Address)		
(City, State & Zip Code)		